

DISTRICT OF COLUMBIA JUSTIS SYSTEM USER ACCESS REGISTRATION/REQUEST FORM

Information to be provided by User requesting JUSTIS access

First Name: _____ M.I. _____ Last Name: _____

Position/Title: _____

Agency Name: _____

Telephone: _____ E-mail: _____

New User – Please provide mother's maiden name: _____

CERTIFICATION: I have read the JUSTIS Access User Agreement on the reverse side of this form and agree to fully comply with it. I understand the importance of properly protecting the privacy of the information that comprises the JUSTIS system and recognize that any failure on my part that results in an unauthorized or improper use of that data may result in loss of access, disciplinary action and/or criminal prosecution.

Signature: _____ Date: _____

This Section to be completed by the Agency Information Technology Security Officer (ITSO).

Please specify the action requested by placing an "x" in the box next to the appropriate selection.

- ☐ Add new user
- ☐ Delete user

Supervisor's/
Manager's Signature: _____ Date: _____

Agency ITSO's
Signature: _____ Date: _____

System User Training Certification Date: _____

Minimum Security Requirement for System Access:

- ☐ NCIC Check OR
- ☐ Background investigation no more than 5 years old

***If NCIC is checked, user must sign NCIC release form**

Section to be completed by the JUSTIS Information Technology Security Officer (ITSO)

Date Received: _____ Date Processed: _____ Processed By: _____

User I.D. Assigned: _____

JUSTIS ACCESS USER AGREEMENT

The JUSTIS system provides users with sensitive information necessary to the effective administration of criminal justice within the District of Columbia. It is essential that all users understand and accept the responsibility to protect that information from unauthorized disclosure to any individual who does not have a specific and authorized need for it. While recognizing that all employees should exercise good judgement in protecting the confidentiality and security of the information entrusted to them as part of their work, the following practices must be observed without exception.

1. I will utilize the JUSTIS system and the data it contains solely for the performance of my assigned responsibilities.
2. I will not retrieve any data for any use (including inspecting records of relatives, associates, neighbors, my own person or any other individual) where the purpose is not directly related to an official work assignment. If I am required to view the record of someone that I know, even if by accident, I understand that I am not to disclose that information to a third party without specific direction from management.
3. I will take all necessary and appropriate measures to insure that my userid/password are secure from discovery by a third party. I recognize that I will be held responsible for any unauthorized access that is attributable to any failure on my part to properly protect my log on userid/password.
4. I will not leave my terminal/computer in an unsecured, accessible status in my absence.
5. I will fully cooperate with management and the JUSTIS Information Technology Security Officer (ITSO) with any audit or investigation of my usage of the JUSTIS system.
6. I have been trained in the use of the JUSTIS system including security awareness training.
7. I will immediately report any exposures to the confidentiality of the JUSTIS system to management or the JUSTIS ITSO.

AUTHORIZATION FOR RELEASE OF INFORMATION

NCIC (National Crime Information Center) CHECK

I hereby authorize a representative of the _____ (agency name) to obtain any information on me while conducting a criminal history background check. I understand that this check must be done before I am allowed to access the JUSTIS system. I also understand that refusal to provide all necessary information may result in, 1) denial of access to JUSTIS and, 2) denial of access to JUSTIS data.

1. Name (Last, First, Middle) _____
2. Address (Street address) (City, State, County, Zip Code) _____

3. Home Telephone Number (Area Code, Number) _____
4. Aliases/Nicknames _____
5. Citizenship (List the country you are a citizen of) _____
6. Social Security Number _____
7. Date of Birth (Month, Day, Year) _____
8. Sex _____ Race _____ Height _____ Weight _____
9. Eye Color _____ Hair Color _____
10. Place of Birth (City, State, Country) _____
11. The above listed information is true and correct.
Applicants signature _____ Date _____

PRIVACY ACT NOTICE

Authority for Collecting Information: E.O.10450; 5 USC 2165 and 2455; USC 2585 and 2519; and 5 USC 3301

Purposes and Uses: Information provided on this form will be furnished to individuals in order to obtain information regarding activities in connection with an investigation to determine fitness/clearance for system access. The information obtained may be furnished to third parties as necessary in the fulfillment of official responsibilities.

Effects of Non-disclosures: Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for access or in the termination of existing access.